Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

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3. —-	STATE DEPARTM	ENT OF HEALTH SFUND RECORDS	S CTR
PRODUCER OF WASTE (Must be filled by producer)		HAULER OF WASTE (Must be filled by hauler) 999000	3683
Name ALUMINIM CO. OF AME	PICA.	ASBURY OIL CO.	
Pick up Address; 5/5/ ALCOA AVE. V	CRNM/ PALIE CODE NO.	1	DE NO.
Telephone Number: (city) P.O. or Contract No.	LA 767/35	Phone: (213) 321-1392 Pick Up: 10-78-78 Time:	□am pm
Order Placed By: J. HERON	Date: 10-3-78	State Liquid Waste Hauler's Registration No. (if applicable):	
Type of Process which Produced Wastes:	CICATOR	Job No.: No. of Loads or Trips: Unit No	
(Examples: metal plating, equipment wastewater treatment, pickling bath,		Vehicle: Syscuum truck OO barrels, ☐ flatbed, ☐ other (SPECIFY)	
DESCRIPTION OF WASTE (Must be filled by producer)	pottolia in to think y	The described waste was hauled by me to the disposal facility named below and was accepted.	. 4.
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Check type of wastes: 1. Acid solution 6. Tetraethyl lead sludge	11. Contaminated soil and sand	that the foregoing is true and correct.	My
2. Alkaline solution 7. Chemical toilet wastes	12. Cannery waste	SIGNATURE OF AUTHORIZED AGENT AL	ND TILE
3. Pesticides 8. Tank bottom sediment	13. Latex waste	DISPOSER OF WASTE (Must be filled by disposer)	
4. Paint sludge 9. Oil	14. Mud and water	Name (print or type): Qarn hand Om	
5. Solvent . 10. Drilling mud	15. D Brine	Site Address:	DE NO.
Other (Specify) ALUMINUM OXDES	& WATER III	The hauter above delivered the described waste to this disposal facility and it was an accept material under the terms of RWQCB requirements, State Department of Health regulations	
Components: (Examples: Hydrochloric acid, lime, caustic soda,	Concentration:	local restrictions.	,
phenolics, solvents (list), metals (list), Uppe		Quantity measured at site (if applicable):State fee (if any):	
organics (list), cyanide)		Handling Method(s):	
<u>1</u>			
2.		recovery	
3.		treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CA	ODE NO.
		disposal (specify): Dond Dispreading Mandfill Dinjection well	
	- -	other (specify):	ODE NO.
5		If waste is held for disposal elsewhere specify final location.	
6.	📙 📙	Disposal Date: 10-1-73	
Hazardous Properties of Waste:		I certify (or declare) under penalty of perjury	
pH none toxic flammable	☐ corrosive ☐ explosive	that the foregoing is true and correct.	
Bulk Volume: gel tons	Darrels (42 gal.) Other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Depar Health with monthly fee reports.	
Containers:	bags Other JANK	The second secon	<u> </u>
Physical State:	sludge Other (SPECIFY)	\ \ \ \ \ \ \	
Special Handling Instructions (if any):		\parallel	
1/ 1/			
NONE		i	
The waste is described to the best of my ability and it was delivere applicable).	ed to a licensed liquid waste hauler (if	\int	
I certify (or declare) under penalty of perjury that the foregoing is true and correct.		FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOL HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.	_VING

D.O.T. Proper Shipping Name_